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|--|----------------|--|-------------------------------|----------------------------|----------------------------|----------------------------|------------------|---------|-------------------------|------------------|
| <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> </div> <div style="text-align: center;"> United States Environmental Protection Agency Washington, DC 20460 Work Assignment </div> </div> | | Work Assignment Number 1-10 <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Other <input type="checkbox"/> Amendment Number: </div> | | | | | | | | |
| Contract Number EP-D-14-031 | | Contract Period 10/01/2014 To 09/30/2017 | | | | | | | | |
| Contractor INDUSTRIAL ECONOMICS, INCORPORATED | | Title of Work Assignment/SF Site Name SUPPORT FOR CPPD | | | | | | | | |
| Base Option Period Number 1 | | Specify Section and paragraph of Contract SOW | | | | | | | | |
| Purpose: <input checked="" type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input checked="" type="checkbox"/> Work Plan Approval | | Period of Performance From 10/01/2015 To 09/30/2016 | | | | | | | | |
| Comments: THE PURPOSE OF THIS ACTION IS TO APPROVE THE CONTRACTOR'S REVISED WORK PLAN AND BUDGET DATED AUGUST 10, 2016 FOR A NOT TO EXCEED AMOUNT OF \$31,721.61 AND 150 LOE HOURS. ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED. THIS WORK DOES NOT DUPLICATE ANY WORK PREVIOUSLY PERFORMED UNDER MY AUTHORITY. | | | | | | | | | | |
| <input type="checkbox"/> Superfund | | Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund | | | | | | | | |
| SFO <input type="checkbox"/> (Max 2) | | Note: To report additional accounting and appropriations data use EPA Form 1900-69A. | | | | | | | | |
| Line | DCN (Max 6) | Budget/FY (Max 4) | Appropriation Code (Max 6) | Budget Org/Code (Max 7) | Program Element (Max 9) | Object Class (Max 4) | Amount (Dollars) | (Cents) | Site/Project (Max 8) | Cost Org/Code |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| Authorized Work Assignment Ceiling | | | | | | | | | | |
| Contract Period: 10/01/2014 To 09/30/2017 | | Cost/Fee: -\$31,721.61 | | LOE: 0 | | | | | | |
| This Action: | | \$31,721.61 | | 150 | | | | | | |
| Total: | | \$0.00 | | 0 | | | | | | |
| Work Plan / Cost Estimate Approvals | | | | | | | | | | |
| Contractor WP Dated: 08/10/2016 | | Cost/Fee \$31,721.61 | | LOE: 150 | | | | | | |
| Cumulative Approved: | | Cost/Fee \$0.00 | | LOE: 0 | | | | | | |
| Work Assignment Manager Name Melita West | | | | | | Branch/Mail Code: | | | | |
| <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div> | | | | | | Phone Number: 202-343-9012 | | | | |
| | | | | | | FAX Number: | | | | |
| Project Officer Name Lorraine Reddick | | | | | | Branch/Mail Code: | | | | |
| <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div> | | | | | | Phone Number: 202-564-1293 | | | | |
| | | | | | | FAX Number: | | | | |
| Other Agency Official Name | | | | | | Branch/Mail Code: | | | | |
| <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div> | | | | | | Phone Number: | | | | |
| | | | | | | FAX Number: | | | | |
| Contracting Official Name Andrew Flynn | | | | | | Branch/Mail Code: | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> </div> <div>10-19-16 (Date)</div> </div> | | | | | | Phone Number: 919-541-2674 | | | | |
| | | | | | | FAX Number: 919-541-0611 | | | | |